6P 1642 #

Atty. Dkt. No. 038602/0391

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Gregory D. PLOWMAN, et al.

Title:

Diagnosis And Treatment Of Alk-7 Related Disorders

RECEIVED

MAR 1 9 2002 TECH CENTER 1600/2900

Appl. No.:

09/069,228

Filing Date:

**April 27, 1998** 

Examiner:

A. Holleran

Ast Unit:

1642

Symmissioner for Patents Vashington, D.C. 20231

**AMENDMENT TRANSMITTAL** 

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [ ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [ ] Small Entity statement is enclosed.
- [X] The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	28		40	=	0	х	\$18.00	=	\$0.00
Independents:	6		10	=	0	x	\$84.00	=	\$0.00
First presentation	n of any Multip	le De	pendent Clair	ns:		+	\$280.00	=	\$0.00
					CI	AIMS I	FEE TOTAL:	=	\$0.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

Theloatt Reg. No. 34, 485

\$0.00	\$110.00	Extension for response filed within the first month:	[]		
\$400.00	\$400.00	Extension for response filed within the second month:	[X]		
\$0.00	\$920.00	Extension for response filed within the third month: \$920.00			
\$0.00	\$1,440.00	Extension for response filed within the fourth month:	[]		
\$0.00	\$1,960.00	Extension for response filed within the fifth month:	[]		
\$400.00	SION FEE TOTAL:	EXTENSION FEE TOTAL:			
\$400.00	SION FEE TOTAL:	CLAIMS AND EXTENSION FEE TOTAL:			
\$0.00	ıbtract ½ of above):	Small Entity Fees Apply (subtract ½ of above):			
\$400.00	TOTAL FEE:				

- Please charge Deposit Account No. 19-0741 in the amount of \$400.00. A duplicate copy of this transmittal is enclosed.
- [X]A check in the amount of \$400.00 is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date March 11, 2002

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Beth A. Burrous

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